



**CERTIFICATE OF MAILING**

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450**

on 09.25.03

Gloria Simmons  
Gloria Simmons

In Re Application of:

Hawks, et al.

Serial No.: 09/413,552

Filed: October 6, 1999

Confirmation No.: 2160

Group Art Unit: 2831

Examiner: Ngo, H.

Docket No.: 050324-1160

For: **Method and Apparatus Suitable for Forming a Microelectronic Device Package**

The following is a list of documents enclosed:

Return Postcard  
Response  
Amendment Transmittal Sheet  
Request for Continued Examination  
Petition for Extension of Time  
Credit Card Authorization Form in the amount of \$795.00 for filing fee(s)

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

# AMENDMENT TRANSMITTAL LETTER (LARGE)

Applicant(s): Hawks, et al.

Docket No.

050324-1160

Serial No.  
09/413,552

Filing Date  
October 6, 1999

Examiner  
Ngo, H.

Confirmation No.  
2160

Group Art Unit  
2831

Invention: Method and Apparatus Suitable for Forming a Microelectronic Device Package

Commissioner for Patents  
Mail Stop RCE  
P.O. Box 1450  
Alexandria VA 22313-1450

Transmitted herewith is a Response in the above-identified application.

The fee has been calculated and is transmitted as shown below

## CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	16 -	53 =	0	X \$18.00	\$ 0.00
INDEP. CLAIMS	3 -	3 =	0	X \$84.00	\$ 0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$140.00
EXTENSION FEE	1 <sup>ST</sup> MONTH <input checked="" type="checkbox"/> 55.00	2 <sup>ND</sup> MONTH <input type="checkbox"/> 205.00	3 <sup>RD</sup> MONTH <input type="checkbox"/> 465.00	4 <sup>TH</sup> MONTH <input type="checkbox"/> 725.00	\$ 55.00
Other Fees: Request for Continued Examination					\$740.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$795.00

- ☐ No additional fee is required for the type of document.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$795.00.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778. A duplicate copy of this page is enclosed.

Scott A. Horstemeyer, Reg. No. 34183

Date

09/25/03